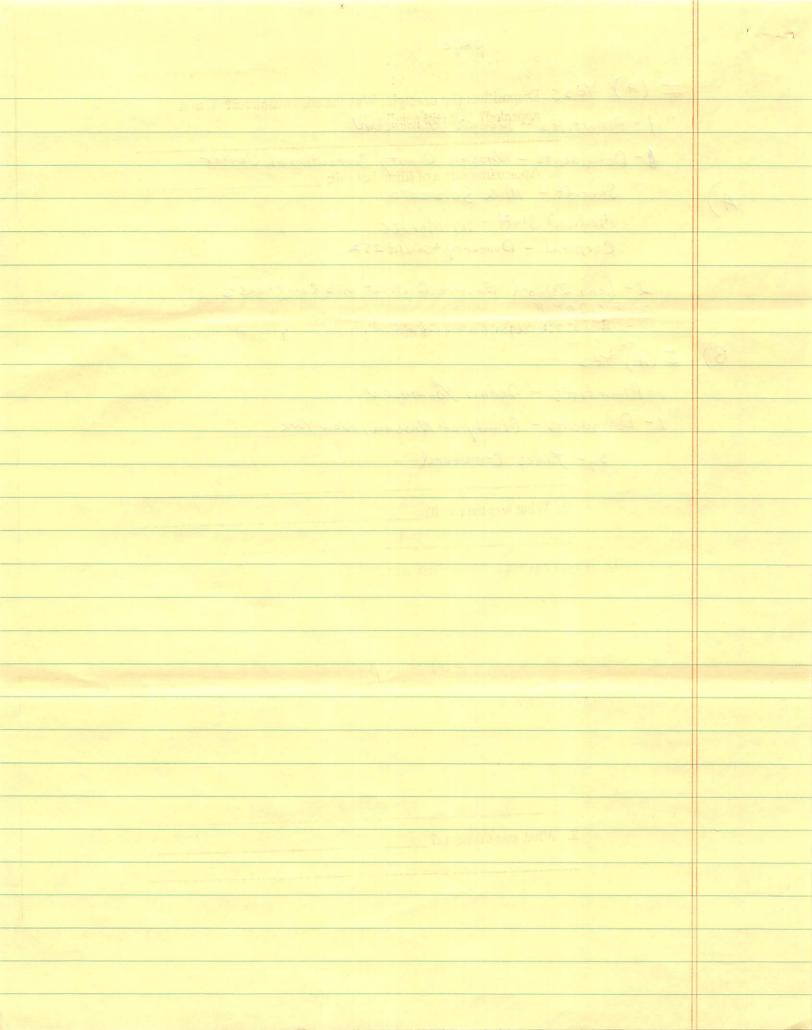
CIVIL RIGHTS COMPLAINT 42 U.S.C. § 1983

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UNITED STATES DISTRICT COURT	· ·	·,	IN U.S. DIS	FILED CLERK'S OFFIC TRICT COURT E	E.D.N.Y
EASTERN DISTRICT OF NEW YORK	Y		★	MAR 10 2017	' - ≜
Dennis Thomason # 160079	> ^				
Full name of plaintiff/prisoner ID#	,,		LONG	ISLAND OF	FIÇE
·					
Plaintiff,	J	URY TRIA	L DEMA	ND	
-against-	· Y	ES	NO_		
County of NASSAM - Soft Frances Countered Hempstand Police Dept	H 761.4				
Enter full names of defendants	,				
[Make sure those listed above are	CV		7	149	
identical to those listed in Part III.]		حطائمه	•		V
Defendants.			ΑZ	RACK, J.	
I. Previous Lawsuits:			LO	CKE, M. J.	
dearing with the san	er lawsuits in state one facts involved in the your imprisonment	hic action	-		
B. If your answer to A i	•				
1. Parties to this pre	vious lawsuit:				
Plaintiffs:	Dennis Thom	nsoN Li	inch	_	
Defendants:			vs leMarc	_	
Defendants:	Riverhend/Ynp	hank con	emarc	<u>0</u> L <i>Faul</i> ity	٠
2. Court (if federal co	ourt, name the distric			<i>f</i>	
If state court, nam	e the county)				•
Long Island EAS	tern District Un	S Court	ouse	_	
3. Docket Number: _	CV-11-02602				

I (A) Yes 1= Plaintiffs - Pennis Thomasun 1- Defendents - NASSAN County Correctional Center Sherift - Mike Spizzoto Medical Staft - Dr Merker Corporal - Donnerry 4shield 252 2-Long Zsland Eastern District U.S Courthouse 3-CV170818 4-Judges Azrack, Jand Locke, M. J. B) I(A) Yes 1-Plantoffs - Dennis Thomason 1 - Defendents - County of NASSAU, New York Syt James Crawford



	4. Name of the Judge to whom case was assigned: Joanna Seylo
	5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) Pending
	6. Approximate date of filing lawsuit:2011
	7. Approximate date of disposition: Dec 9,2013
П.	Place of Present Confinement: YAphunk/Riverherd Correctional Facility
	A. Is there a prisoner grievance procedure in this institution? Yes () No (x)
	B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ()
	C. If your answer is YES,
	1. What steps did you take?
	2. What was the result?
	D. If your answer is NO, explain why not I'm seeing the county, the Sqt, the ambulance dept, and Kospital
	E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No
	F. If your answer is YES,
	1. What steps did you take?
	2. What was the result?

	place your name in the first blank and place your present end blank. Do the same for additional plaintiffs, if any.)
A. Name of plaintiff	Dennis Thomason #16007975 E2F3
Address 100 Carman	N Ave East Meadow New York 11554
(In item B below, place th	e full name and address of each defendant)
B. List all defendants' nat Plaintiff must provide the	mes and the addresses at which each defendant may be served. address for each defendant named.
Defendant No. 1	Police precent, on Mornest between
Defendant No. 2	Police precent, on MATINST between Inches and working for Are Hempsterd NY Shield Sat James Cranford # 761, 4 precent is between Jackson and working for Ave off mann St Hempsterd
Defendant No. 3	Ambulance Dept
Defendant No. 4	No Known address at this time
Detendant IVO. 4	Me, Due to being lost at the NCCC 100 Common Are Erst Mendow NY 11554
Defendant No. 5	

Ш.

Parties:

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

- (State briefly and concisely, the <u>facts</u> of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)
- Sqt James Crawford # 761,4 Found me in a container on my knees. He ordered me to show my hards: I layed down with my hards out, He told me in a very irrate yelling voice with his taser and gun drawn. Toget up. I rose to my knee with my hands up. He then yelled irrately to stand, As I began to stand straight up with my hands in the air. He shot me 3 times with his taser. Each time I repeatedly said my heart, my heart "He didn't care, He tried to cause cardiat arrest, and to kill me, (muse I was black, I note! Had no weapon near, on, or anywhere in my possession, This happened Nov 13th 2016 at 7:09 am locution 55 New St Oceanside New York. (2) I was put in a ambalance which the attendant knew nothing about tased victims (3) The Hospital did not feed me from 8-3 pm Nor did they take. He also put his foot on my free while he hard cutted me. Excessive force which wars not necessary at all.

 And I was told I should have died from that many times tased.
 - IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Three been having sharp Chest prins, heart palpitations, shortness of breath, Irregular heart beats, skip beats early and lake mental prin and suffering. And post transatic disorder, I're had my blood taken as well as EKG. But have been told just like my mygrain's. They can only tell when Zam actually having the issues of porm and shortness of breath. I have sense had several occurances while in jail. Long term problems can occur as time progresses the doctor said.

V. Relief: State what relief you are seeking if you prevail on your complaint. 5 millions dollars being a black man, thout a doubt I declare under penalty of perjury that on ____ 2/10/17 _, I delivered this complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York. Signed this 10 day of [cennuard, 201]. I declare under penalty of perjury that the foregoing is true and correct. Signature of Plaintiff Massau County Corrections
Name of Prison Facility CARMINE PULGRANO 100 CAIMAN Avenue Notary Public, State of New York No. 01PU6094168 Qualified in Nassau County EAST MEADOW New York 11554 Commission Expires June 16, 20 Address